

At-Store Recycling Program
SHEET A
PLASTIC CARRYOUT BAG PURCHASE MODEL DATA SHEET

Section 1—Identification of Operator or Designated Reporting Party Submitting Plastic Carryout Bag Purchase Data Sheet		
1. Name of Operator or Designated Reporting Party:		
2. Mailing Address:		
3. City:	State:	ZIP Code:
4. Contact Person:	5. Phone Number: ()	
6. Email Address (optional):		
7. Name of Operator(s): (if different from line 1 above, complete lines 8-12 for each Operator)		
8. Mailing Address:		
9. City:	State:	ZIP Code:
10. Contact Person:	11. Phone Number: ()	
12. Email Address (optional):		
13. Name and Address of Store or Stores: (Attach a list of stores by name or store number with the address of each store location.)		
Section 2: Plastic Carryout Bags Purchased		
14. Weight of All Plastic Carryout Bags Purchased During the Reporting Period:		
<div style="border-bottom: 1px solid black; width: 80%;"></div>		Pounds <input type="checkbox"/> C/P *

Attach Additional Copies of this Sheet if Necessary

*** CONFIDENTIAL / PROPRIETARY/TRADE SECRET INFORMATION:** if information provided about a listed company or particular data is considered confidential, proprietary or a Trade Secret, please indicate by placing a check mark in the box marked "C/P" after filling in the appropriate information.

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**Section 3—Addresses of Distribution Centers, Warehouses or Other Locations
Where Plastic Carryout Bag Purchase Transactions Occurred**

Enter the requested information regarding the company operating the distribution center, warehouse or facility where the new plastic carryout bags were purchased and taken possession of.

Company 1: <input type="checkbox"/> C/P*		
15a. Company Name:		
16a. Street Address:		
17a. City:	State:	ZIP Code:
18a. Contact Person:		19a. Phone Number: ()
Company 2: <input type="checkbox"/> C/P*		
15b. Company Name:		
16b. Street Address:		
17b. City:	State:	ZIP Code:
18b. Contact Person:		19b. Phone Number: ()
Company 3: <input type="checkbox"/> C/P*		
15c. Company Name:		
16c. Street Address:		
17c. City:	State:	ZIP Code:
18c. Contact Person:		19c. Phone Number: ()
Company 4: <input type="checkbox"/> C/P*		
15d. Company Name:		
16d. Street Address:		
17d. City:	State:	ZIP Code:
18d. Contact Person:		19d. Phone Number: ()

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